Dilated Cardiomyopathi Mimicking Massive Pleural Effusion in an Infant

Eurasian Clinical and Analytical Medicine *Original Image*

Cardiomyopathy Mimicking Pleural Effusion

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While pneumonia incidence decreases, pneumonic complications such pleural effusion and empyema are increasing in whole World. In the presence of pleural fluid, diagnostic thoracentesis is used to evaluate the composition of the pleural fluid. Doing thoracentesis in an uncertain diagnose of pleural effusion my lead to life-threatening complications [1,2].

A 6-month infant was diagnosed for right side pneumonia and treated for respiratory failure in pediatric intensive care unit was consulted with thoracic surgery for a massive pleural fluid view on chest x-ray (Figure 1A). Thorax ultrasonography done before the toracentesis revealed no pleural fluid or consolidation but cardiomegaly and pressured lung parenchyma in left hemithorax. So no thoracentesis was done. Echocardiography revealed "middle to severe mitral valve insufficiency, triquspit insufficiency with dilated cardiomyopathy and congestive heart failure". In a five days of follow up under mechanic ventilation and with medical treatment of pneumonia and heart failure, the chest x-ray view and clinical scene dramatically improved (Figure 1B,C,D).

Thoracentesis is an invasive diagnostic procedure which is used frequently. In a misdiagnosis of pleural fluid accumulation clinicians should not be too hasty about doing a thoracentesis. For patients clinically not stable enough for performing a computed tomography, thorax ultrasound is an effective imaging modality to guide the clinician [3,4,5].

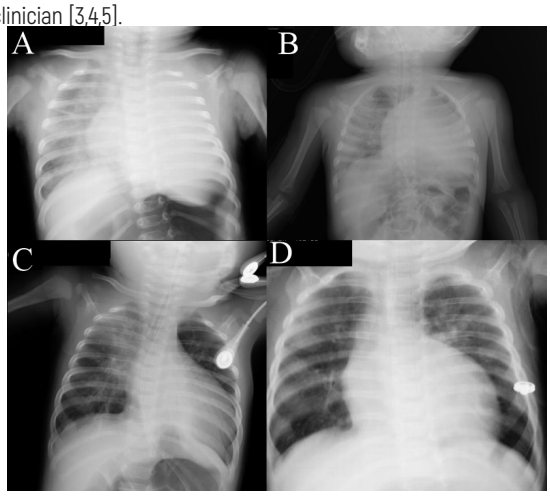

Figure 1. The opacity fullfilling left hemithorax, moving mediastinum to opposite site suggests a massive pleural effusion (A). Second day chest x ray of the patient received medical treatment and mechanic ventilation (B). The fifth day of the treatment (C). The chest x ray of the extubated patient demonstrates waned cardiac size and expanded left lung (D).

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DOI:10.4328/ECAM.25
Received : 19.12.2013
Accepted : 28.12.2013
Published Online : 01.01.2014
Printed Online : 01.01.2014
Eu Clin Anal Med 2014; DOI:10.4328/ECAM.25

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How to cite this article: Naime Tokur, Sevki Demiroz, Burcu Cantay . Dilated Cardiomyopathi Mimicking Massive Pleural Effusion in an Infant. Eu Clin Anal Med 2014; DOI:10.4328/ECAM.25